


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000000810
 1. Entity Name
 MEDICAL MUTUAL SERVICES, LLC



Principal Place of Business 24650 CTR RIDGE RD, STE 400 KING JA MES BLDG. 2 WESTLAKE, OH 44145 US	Mailing Address 24650 CTR RIDGE RD, STE 400 KING JA MES BLDG. 2 WESTLAKE, OH 44145 US
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DO NOT WRITE IN THIS SPACE



02022005No Chg-LLC CR2E083 (10/03)

4. FEI Number 34-1922587	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

1100000229775
 02/15/05-80013-001 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARTZELL, EDWARD J 24650 CENTER RIDGE ROAD, SUITE 400 KING JA WESTLAKE, OH 44145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLAPP, KENT W 2060 E 9TH ST CLEVELAND, OH 44145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DORRELL, JOHN S 2060 E. 9TH STREET CLEVELAND, OH 44115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TYLER, SUSAN M 2060 E 9TH STREET CLEVELAND, OH 44115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Edward J. Hartzell  2/3/05 440-414-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #